

MULTI-DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							10/517928						
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4	/	/					54						
5		/					55						
6		/					56						
7	/	/					57						
8	/	/					58						
9	/						59						
10	/	/					60						
11	/	/					61						
12	/	/					62						
13	/						63						
14	/	/					64						
15	/	/					65						
16	/	/					66						
17	/						67						
18	/	/					68						
19	/	/					69						
20	/	/					70						
21	/						71						
22		/					72						
23		/					73						
24	/						74						
25							75						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3												
TOTAL DEP.	21												
TOTAL CLAIMS	24												